

# Foster Family Home - Corrective Action Report

Provider ID: 1-180040

Home Name: Olivia Sadio, NA

94-1006 Lumi Street

Waipahu

HI 96797

Review ID: 1-180040-2

Reviewer: David Ayling

Begin Date: 5/9/2019

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/9/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

David A. Ayling  
Compliance Manager

Olivia Sadio  
Primary Care Giver

5/9/19  
Date

5/9/19  
Date